


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000006504 1. Entity Name DOMINION LIFE WORSHIP CENTER, INC.	
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Principal Place of Business 808 FOURTH STREET BUNNELL, FL 32110	Mailing Address POST OFFICE BOX 13 BUNNELL, FL 32110
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3607945	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ECKER, CAROL S
808 FOURTH STREET
BUNNELL, FL 32110**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000888523 04/22/08-80017-003 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRAZIER, DAVID L 4119 ACORN AVENUE BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRAZIER, COLLEEN 4119 ACORN STREET BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ECKER, CAROL S 220 LEMONTREE LANE #8 ORMOND BEACH, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David L. Frazier **4/3/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #